# MATERIAL SAFETY DATA SHEET

SRM Supplier: National Institute of Standards and Technology

Standard Reference Materials Program

100 Bureau Drive, Stop 2321

Gaithersburg, Maryland 20899-2321

SRM Number: 1897 MSDS Number: 1897

SRM Name: Specific Surface Area

Standard

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## SECTION I. MATERIAL IDENTIFICATION

Material Name: Specific Surface Area Standard

**Description:** A unit of SRM 1897 consists of one vial containing approximately 7 g of a silica-alumina compound

sieved to pass a 106 µm (number 140) sieve.

Other Designations: Amorphous Silica (silica gel; hydroxylated silicon dioxide; hydrated amorphous silica; synthetic precipitated silicas; amorphous silicon dioxide)/Alumina (aluminum oxide; dialuminum trioxide; aluminum sesquioxide; alpha alumina; beat alumina; gamma-alumina; alumite; alumite; aluminum trioxide)

 $\begin{array}{ccc} \textbf{Name} & \textbf{Chemical Formula} \\ \textbf{Amorphous Silica} & \textbf{SiO}_2 & \textbf{63231-67-4} \end{array}$ 

Alumina Al<sub>2</sub>O<sub>3</sub> 03231-07-4

Alumina Al<sub>2</sub>O<sub>3</sub> 1344-28-1

**DOT Classification:** Not hazardous by DOT regulations

Manufacturer/Supplier: Available from a number of suppliers

#### SECTION II. HAZARDOUS INGREDIENTS

Hazardous Components	Nominal Concentration (%)	Exposure Limits and Toxicity Data	
Amorphous Silica	80	ACGIH TWA: 10 mg/m³ (total particulate)	
		OSHA TWA: 6 mg/m <sup>3</sup> (< 1 % crystalline silica)	
		NIOSH TWA: 6 mg/m³ (recommended TWA 10 hrs)	
		Rat, Oral: LD <sub>50</sub> : > 31 600 mg/kg	
		Rat, Inhalation: LC <sub>50</sub> : > 2 mg/L	
Alumina	20	ACGIH TWA: 10 mg/m <sup>3</sup>	
		OSHA TWA: 5 mg/m³ (respirable dust fraction)	
		OSHA TWA: 15 mg/m³ (total dust)	
		Rat, Intrapleural: TD <sub>LO</sub> : 90 mg/kg (tumorigenic data)	
		Rat, Implant: TD <sub>LO</sub> : 200 mg/kg (tumorigenic data)	

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<sup>\*</sup> Trade name

#### SECTION III. PHYSICAL/CHEMICAL CHARACTERISTICS

Amorphous Silica	Alumina		
Appearance and Odor: solid, colorless to white amorphous hygroscopic powder; odorless	Appearance and Odor: solid, white to gray crystal or powder; odorless		
Relative Molecular Mass: 60.09	Relative Molecular Mass: 101.96		
<b>Density (water = 1):</b> 2.635 g/mL to 2.660 g/mL	<b>Density (water = 1):</b> 3.965		
<b>Boiling Point:</b> 2230 °C	Boiling Point: 2980 °C		
Melting Point: 1710 °C	Melting Point: 2053 °C to 2072 °C		
Vapor Pressure (@ 20 °C): 0 mm Hg	Vapor Pressure (@ 2158 °C): 1 mm Hg		
Evaporation Rate: not applicable	Evaporation Rate: not applicable		
Viscosity: not applicable	Viscosity: not applicable		
Water Solubility: insoluble	Water Solubility: insoluble		
<b>Solvent Solubility:</b> soluble in hydrofluoric acid; hot fixed alkali hydroxide solutions	Solvent Solubility: slightly soluble in mineral acids and strong alkali		

**NOTE:** The physical and chemical data provided are for the pure components. Physical and chemical data for this amorphous silica/alumina compound do not exist. The actual behavior of the compound may differ from the individual components.

#### SECTION IV. FIRE AND EXPLOSION HAZARD DATA

# **Amorphous Silica and Alumina**

Flash Point: Not Applicable Method Used: Not Applicable Autoignition Temperature: Not Applicable

Flammability Limits in Air (Volume %): UPPER: Not Applicable LOWER: Not Applicable

**Unusual Fire and Explosion Hazards:** Silica and alumina are both negligible fire hazards. However, upon heating at high temperatures, silica combines chemically with many metal oxides. Explosions are possible with chlorine trifluoride, oxygen trifluoride, metals, and ozone in the presence of organic materials. Detonation is possible with silica and xenon hexafluoride.

Alumina may ignite with chlorine trifluoride. An explosive mixture may for with alumina and sodium nitrate.

**Extinguishing Media:** Use extinguishing agents appropriate to the surrounding fire.

**Special Fire Procedures:** Fire fighters should wear a self-contained breathing apparatus (SCBA) with a full face piece in the pressure demand or positive mode and other protective clothing.

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SECTION V. REACTIVITY	DATA						
Stability:	X Sta	able	Unstable				
Conditions to Avoid: Avoid conditions which promote generating dust.							
Incompatibility (Materials, and combust	,	ilica is incompatible with	bases, halogens, acids,	metal salts, oxidizing			
Alumina is incompatible with halo carbons, halogens, combustible materials, and oxidizing materials.							
See Section IV: Unusu	al Fire and Explosio	on Hazards					
Hazardous Decompos products.	ition or Byproduct	s: Thermal decomposition	n of silica and alumina p	produce miscellaneous			
Hazardous Polymeriz	ation:	Will Occur		Will Not Occur			
SECTION VI. HEALTH HA	ZARD DATA						
Route of Entry:	X Inhalat	tion X	Skin	X Ingestion			

Amorphous Silica: Immediate exposure to high concentrations may cause physical discomfort of the upper respiratory tract. The extended inhalation of dusts containing free silica may result in the disabling pulmonary silicosis. The duration of exposure which is associated with the development of silicosis varies widely for different occupations. There is also much variation in individual susceptibility. The action of silica on the lungs results in the production of a diffuse, nodular fibrosis in which the parenchyma and the lymphatic system are involved. The fibrosis, to a certain extent, is progressive and may continue to increase for several years after exposure is terminated. Where the pulmonary reserve is sufficiently reduced, shortness of breath is often a symptom of exposure. This is the first and often most common symptom in cases of uncomplicated silicosis. If severe, it may incapacitate the worker for heavy or even light physical exertion. In extreme cases, there may be shortness of breath even while at rest.

Skin and/or eye contact with silica may cause irritation due to mechanical action. The effects of ingestion are due to the mechanical action as silica materials are biologically inert.

Alumina: Inhalations of high concentrations of alumina may cause coughing, shortness of breath, respiratory tract irritation due to mechanical action, unpleasant deposits in the nasal passages, and exacerbation of symptoms in persons with impaired pulmonary function. Metal fume fever, an influenza-like illness, may occur due to the inhalation of freshly formed metal oxide particles sized below 1.5 microns. Symptoms may develop with the onset of sudden thirst, and a sweet, metallic or foul taste in the mouth. Other symptoms may include upper respiratory tract irritation accompanied by coughing, and a dryness of the mucous membranes. Fever, chills, profuse sweating, excessive urination, diarrhea, and prostration may also occur. Tolerance to fumes develops rapidly, but is quickly lost. All symptoms usually subside in a 24 hour to 36 hour period. Metal fume fever is typically not chronic, however, repeated episodes with symptoms are common.

Skin and/or eye contact with alumina may cause irritation due to mechanical action. Ingestion of aluminum compounds may cause constipation.

Medical Conditions Generally Aggravated by Exposure: Respiratory disorders are aggravated by silica and alumina.

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# Listed as a Carcinogen/Potential Carcinogen (Amorphous Silica):

By the Occupational Safety and Health Administration (OSHA)

In the National Toxicology Program (NTP) Report on Carcinogens
In the International Agency for Research on Cancer (IARC) Monographs
By the Occupational Safety and Health Administration (OSHA)

Listed as a Carcinogen/Potential Carcinogen (Alumina):

In the National Toxicology Program (NTP) Report on Carcinogens
In the International Agency for Research on Cancer (IARC) Monographs

X

### **EMERGENCY AND FIRST AID PROCEDURES:**

**Skin Contact:** Remove contaminated shoes and clothing. Rinse affected area with large amounts of water followed by washing the area with soap and water. Watch for chemical irritations and treat them accordingly. Obtain medical assistance if necessary.

**Eye Contact:** Immediately flush eyes, including under the eyelids, with copious amounts of water for at least 15 minutes. Obtain medical assistance.

**Inhalation:** If inhaled, move the victim to fresh air. If breathing is difficult, give oxygen; if the victim is not breathing, give artificial respiration. Obtain medical assistance if necessary.

**Ingestion:** If ingested, wash out mouth with water. Obtain medical assistance immediately.

**TARGET ORGAN(S) OF ATTACK:** Silica: upper respiratory tract (URT)

**Alumina:** upper respiratory tract (URT)

### SECTION VII. PRECAUTIONS FOR SAFE HANDLING AND USE

**Steps to be Taken in Case Material Is Released or Spilled:** Notify safety personnel of major spills and/or leaks. Evacuate nonessential personnel. Gather small spills and place into containers for disposal.

Waste Disposal: Follow all federal, state, and local laws governing disposal.

**Handling and Storage:** Persons handling this material must wear protective eyewear, clothing, and gloves to prevent contact with this material.

**NOTE:** Contact lenses pose a special problem; soft lenses may absorb irritants and all lenses concentrate them. **DO NOT** wear contact lenses in the laboratory.

This material should be stored in a cool, dry, well-ventilated area away from incompatible materials and conditions. Protect containers from physical damage.

### SECTION VIII. SOURCE DATA/OTHER COMMENTS

**Sources:** MDL Information Systems, Inc., MSDS *Silica Gel*, 11 December 2001.

MDL Information Systems, Inc., MSDS Aluminum Oxide, 22 March 2001.

Merck Index, 11th Ed., 1989.

The Sigma Aldrich Library of Chemical Safety Data, Ed. II, 1988.

**Disclaimer:** Physical and chemical data contained in this MSDS are provided only for use in assessing the hazardous nature of the material. The MSDS was prepared carefully, using current references; however, NIST does not certify the data on the MSDS. The certified value for this material is given in the NIST Certificate of Analysis.

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